# As of December 31, 1999 ( Section 11555.2 of the California Insurance Code ) General Instructions

- 1. This report is required pursuant to Section 11555.2 of the California Insurance Code. It is required of each insurer transacting insurance covering liability for malpractice of any person licensed under the State Bar Act (Chapter 4 [commencing with Section 6000] of Division 3 of the Business and Professions Code). This report is part of a continuing effort by the State of California to monitor the professional liability insurance business.
- 2. The amounts reported are to reflect only the business written in California. This report is to be filed on a group basis with intercompany reinsurance transactions excluded. One report is to be filed for the total business of each insurer group. All amounts to be reported are to be the direct liability with no deduction for reinsurance.
- 3. Since the premiums and losses are reported herein on a direct basis, there is no need for this report to be filed by admitted (licensed) reinsurers. Provided that the admitted reinsurer has been identified on page 1, the Department will consider that the ceded premiums and losses reported herein to have been filed on behalf of the reinsurers and the reinsurers need not file a separate report.
- 4. Whether the coverage was written on a claims-made basis or an occurrence basis, the statute requires that the information be broken down by the year the claim occurred (that is, the year in which the malpractice event occurred which gave rise to the reported loss).
- 5. Completed forms are to be mailed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Rate Specialist Bureau
300 South Spring Street, South Tower, Second Floor
Los Angeles CA 90013-1230

and are	due by July 1, 2000

Please contact Cau Phan, Rate Specialist Bureau at (213) 346-6732 or Fax No. (213) 897-6361, or by E-Mail: phanc@insurance.ca.gov, if any questions arise regarding the completion or filing of this report.

Companies that had no Legal Malpractice Insurance in force under any form during 1999, may satisfy
the reporting requirement by so indicating at the bottom of this letter over the signature of an officer of
the company

Company or Group Name:									
" Our Company did not ha	ve any Legal Malpractice Insurance in force during 1999 ".								
Signature:									
Name and Title:									
Date:									

and return the letter to the above address.

As of December 31, 1999 (California Business Only)

Company or Gro	oup:				
NAIC Company	or Group Number :				
Address:	<del>-</del>				
	<del>-</del>				
Contact Person	·				
E-Mail Address:	<del>-</del>				
Phone Number	(800 Number, If Pos	sible):			
Names of compa	nies within the group	whose experience	is included in the rep	port:	
Names of reinsu	rers admitted (license	ed) in California to w	hich part of the prer	niums and losses	
reported herein v		,			
Were any premiu	ıms and losses cede		idmitted in California	?	
	[ ]Yes	[ ] No			
The business rep	oorted herein was wri	tten on a:		[ ] Claims-made b	
				[ ] Occurrence ba	sis
Are defense cost	ts included in policy li	mits?		[ ] Yes	[ ] No
	[1]	[2]	[3]	[4]	[5]
Calendar	Number of	Direct	Direct	Direct	Allocated Loss
Year	Lawyers	Premium	Premium	Losses	Adj. Expenses
	Insured *	Written	Earned	Incurred	Incurred
1997					
1998					
1999					
	* At year end				
	[6]	[7]	[8]	[9]	[10]
Calendar	Inc. Losses	Unallocated	Direct	Other	General
Year	&ALAE Ratio	Loss Adj. Exp.	Commission	Acquisition	Expenses
	{[4]+[5]} / [3]	Incurred			
1997	%				
1998	%				
1999	%				

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#### Company/Group Name:

	[11]	[12]	[13]	[14]
Calendar	Tax, License	Total U/W	CA Investment Income	CA Investment Income
Year	& Fees	Expenses	on Surplus	on Total of Reserves
		[7+8+9+10+11]		
1997				
1998				
1999				

#### Instructions to calculate CA Investment Incomes (Columns [13] and [14]):

I = Net Investment Income Earned (Consolidated Annual Statement, Page 4, Col 1, Line 8).

I = IS + IR

IS = Investment Income on Surplus.

IR = Investment Income on Total of Reserves.

TR = Total of Reserves

= Unearned Premium Reserve + Loss Reserve + LAE Reserve + IBNR

AS = Average of surplus of two consecutive years.

AS\_1997 = (Surplus 1997 + Surplus 1996) / 2

AS\_1998 = (Surplus 1998 + Surplus 1997) / 2

AS\_1999 = (Surplus 1999 + Surplus 1998) / 2

For Each Calendar Year:

Yield Rate i% = I/(AS + TR)

then

IS = i \* AS

IR = i \* TR

All above figures are Countrywide (CW) data. To allocate to California, we compute by prorata:

CA Investment Income on Surplus = IS \* [CA Direct Written Premiums of Legal Professional Liability / CW Direct Written Premiums (Consolidated Annual Statement, Page 9 - Part 2B, Col 1, Line 32)]

**CA Investment Income on Total of Reserves** = IR \* [CA Total of Reserves of Legal Professional Liability / CW Total of Reserves]

CLAIMS CLOSED IN 1999 - DIRECT PAYMENTS									
	[A]	[B]	[C]						
Indemnity Claim	Number	Total Indemnity Paid for	Total Allocated Expenses						
Size Interval	of Claims	Claims in Interval	Paid for Claims in Interval						
\$ 0 *		\$0	\$ 0						
\$ 0 *		\$0							
\$ 1 - 9,999									
10,000 - 49,999									
50,000 - 99,999									
100,000 - 249,999									
250,000 - 499,999									
500,000 - 749,999									
750,000 - 999,999									
1,000,000 and over									
TOTAL	-11		-						

Notes (\*): The claims closed in 1999, without indemnity payment, should be broken down in two categories: Claims with Allocated Expenses Paid and Claims without Allocated Expenses Paid.

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N	otes:	

(California Business Only) 1. Page 2, Tot Col [A] = Page 3, Tot Col [1] + Tot Col [7]

2. Page 2, Tot Col [B] = Page 3, Tot Col [2]

3. Page 2, Tot Col [C] = Page 3, Tot Col [4] + Tot Col [8]

0 C C		CLAIMS WITH	I INDEMNIT	Y PAYMENT (	CLAIMS WITHOUT INDEMNITY PAYMENT CLOSED IN 1999			ALL CLAIMS COMBINED		
U	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
R R E Y N E C A E R	Number of Claims	Paid to Date Indemnity	Average Indemnity [2] / [1]	Paid to Date Allocated Loss Expenses	Paid to Date Loss & Allocated Loss Expenses [2] + [4]	Average Cost [5] / [1]	Number of Claims	Paid to Date Allocated Loss Expenses	Average Cost [8] / [7]	Average Cost for All Claims {[5]+[8]} / {[1]+[7]}
Pre 1991										
1991										
1992										
1993										
1994										
1995										
1996										
1997										
1998										
1999										
TOTAL										

Company / Group Name:

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O C C			(	Calendar Year 1999 DIRECT PAYMENTS on ALL CLAIMS				
U R R E Y N E C A E R	[1] Number of NEW Claims Reported During 1999	[2] Number of Claims REOPENED During 1999	[3]  Number of  Claims  Outstanding	[4] Direct Amount Reserved for Loss on Reported Claims (Case)	[5] Direct Amount Reserved for Allocated Loss Expenses on Reported Claims (Case)	[6] Amount of IBNR Reserve for Loss and Allocated Loss Expenses *	[7] Paid Indemnity	[8] Paid Allocated Loss Expenses
Pre 1991								
1991								
1992								
1993								
1994								
1995								
1996								
1997								
1998								
1999								

-	TOTAL				

<sup>\*</sup> Include Bulk Reserve for Adverse Development on Case Reserves.